

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				10/522998					
1 Date of Request: _____		2 Serial/Patent # _____							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT					
				\$					
				\$					
				\$					
				\$					
				\$					
				\$					
				\$					
				\$					
				\$					
		7 TOTAL AMOUNT OF REFUND		\$					
		8 TO BE REFUNDED BY:							
10 REASON:		Treasury Check							
		Credit Deposit A/C #:							
		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						--	
		--							
Overpayment Duplicate Payment No Fee Due (Explanation):									
11 REFUND REQUESTED BY: _____									
TYPED/PRINTED NAME: _____			TITLE: _____						
SIGNATURE: _____			ADJUS PHONE: 07/07/2005 PKIDWELL 02/08/2005 NKAYPACH 00000017 200702 10522998 02 FC:1632 500.00 CR						
OFFICE: _____									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: _____			DATE: _____						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B